

STATE OF NEW YORK
DEPARTMENT OF HEALTH
THE GOVERNOR NELSON A. ROCKEFELLER EMPIRE STATE PLAZA
CORNING TOWER
ALBANY, NEW YORK 12237

Dennis P. Whalen
Executive Deputy Commissioner

December 18, 1998

Dear WMS and CNS Coordinators:

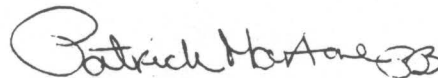
The purpose of this letter is to provide local districts with an explanation of the CNS/WMS enhancements scheduled to be operational on the Training and Production Systems on December 21, 1998.

The attached summaries detail the specifics of these changes:

Attachment I: New MA Reason Codes/Text
Attachment II: New MA Screens & Edits

For questions regarding the attached changes, please contact Cindy Krueger at (518) 473-5642.

Sincerely,



Patrick Martone
Bureau Director
Bureau of Technical Systems Audit
Office of Medicaid Management

cc: MA Directors

New MA Reason Codes/Text

NOTE: These codes are for Local Districts who are operational with MA CNS Undercare transactions (05, 06)

X77 (X0180) - Decrease in Excess Income Due to COLA (Adequate) (Fill)

Recipient is being advised of a decrease in monthly excess income amount due to an increase in Social Security benefits (Medicare Part B premium).

Worker must enter:

- Previous monthly excess income amount
- New monthly excess income amount

REMINDER: Reason Codes S07 (MA Level to Excess Income Due to COLA) and S08 (Increase in Excess Income Due to COLA) are available. Effective dates on these notices are generated from WMS screen 5 - MA COVERAGE FROM DATE.

Informational Letter - Spenddown Met

In response to an overwhelming request from local districts, two reason codes have been developed that generate automated notices to inform recipients of having met their excess income liability. **These notices do not include conference or fair hearing language and are not legally required.**

T01 (S0001) - Spenddown Met - Bills/Receipts or Combination Bills/Receipts and Pay-In (Adequate) (Fill)

Informational Letter (LDSS option) which advises recipient of Medical Assistance benefits available (inpatient/outpatient) when excess income spenddown has been met with bills/receipts or a combination of bills/receipts and Pay-In. Generation of Provider Recipient Letter optional.

Worker must choose one of four messages: See Attachment II for screen.

T02 (S0002) - Spenddown Met - Pay-In only (Adequate) (Fill)

Informational Letter (LDSS option) which advises recipient of Medical Assistance benefits available (inpatient/outpatient) when excess income spenddown has been met through Pay-In.

Worker must choose one of two messages: See Attachment II for screen.

I90 - Used as Case Reason Code when some or all members have an Individual Reason Code of T01 or T02. No conference or fair hearing language is attached.

WCN071	WMS/Client Notice Subsystem	Date
	Informational Letter Spenddown Met	Time
CASE NAME		
CASE NO		
CASE REASON T01: LR SP MT B/R		
CHOOSE ONE OF THE FOLLOWING MESSAGES:		
-MESSAGE 1: MEDICAL BILLS/RECEIPTS TO MEET XI - OUTPATIENT COVERAGE		
TOTAL AMT BILLS/RECEIPTS _____		
OUTPATIENT COVERAGE FROM 1ST DAY OF ____ (MMYY) TO LAST DAY OF ____ (MMYY)		
1A: (WHEN APPROPRIATE) CREDIT AMOUNT _____ MONTH APPLIED TO ____ (MMYY)		
-MESSAGE 2: MEDICAL BILLS/RECEIPTS TO MEET 6 MONTHS XI - FULL COVERAGE		
TOTAL AMT BILLS/RECEIPTS _____ 6 MONTH COV FROM 1ST DAY OF ____ (MMYY)		
-MESSAGE 3: COMBINED BILLS/RECEIPTS & PAY-IN AMT: XI - OUTPATIENT COVERAGE		
TOTAL AMT BILLS/RECEIPTS _____ TOTAL AMT PAID IN _____		
BILLS/RCPTS/PYMNTS APPLIED FROM 1ST OF ____ (MMYY) TO LAST OF ____ (MMYY)		
-MESSAGE 4: COMBINED BILLS/RECEIPTS & PAY-IN AMT: 6 MONTH XI-FULL COVERAGE		
TOTAL AMT BILLS/RECEIPTS _____ TOTAL AMT PAID IN _____		
6 MONTH FULL COVERAGE FROM 1ST DAY OF ____ (MMYY)		
Xmit ____		

WCN072	WMS/Client Notice Subsystem	Date
	Informational Letter Spenddown Met	Time
CASE NAME		
CASE NO		
CASE REASON T02: SP MT PAY-IN		
CHOOSE ONE OF THE FOLLOWING MESSAGES:		
-MESSAGE 1: PAYMENT TO MEET XI - OUTPATIENT COVERAGE		
TOTAL AMT PAID IN _____		
OUTPATIENT COVERAGE FROM 1ST DAY OF ____ (MMYY) TO LAST DAY OF ____ (MMYY)		
-MESSAGE 2: PAYMENT TO MEET 6 MONTH XI - FULL COVERAGE		
TOTAL AMT PAID IN _____		
6 MONTH COVERAGE FROM 1ST DAY OF ____ (MMYY)		
Xmit ____		